

# Confidential

## **Emergency Medicaid** **Spenddown Fax Sheet**

To: Ryan Date: \_\_\_\_\_  
Fax: 801-538-6382  
From: \_\_\_\_\_ Ph # \_\_\_\_\_

Medicaid Client: \_\_\_\_\_  
PACMIS # \_\_\_\_\_ 0# \_\_\_\_\_

Attached: Emergency Room Report ☐  
History and Physical ☐  
Discharge Summary ☐

This client has a spenddown. Would this claim be paid by Medicaid? Please respond by e-mail within 5 working days to the worker listed above.

# **Emergency Medicaid Spenddown Fax Sheet**

## **Rule of Thumb**

***“If a procedure can be scheduled in the future,  
the service will rarely qualify as an emergency.”***

The eligibility worker should not deny Emergency Medicaid eligibility because they suspect the applicant does not have an emergency medical need. If eligible, the worker should open Emergency Medicaid for each month the applicant indicates they have a medical need.

## **Emergency Medicaid Cases with a Spenddown**

Before a spenddown is collected, it is important to make sure the service they are requesting coverage for is an Emergency Medicaid covered service. The decision as to whether the service qualifies as an emergency is a claims issue, not an eligibility issue. Ryan with Coverage and Reimbursement will make this determination. He can be faxed at 801-731-8271, if you have any questions. Decisions cannot be made over the phone, documentation must be seen before the decision can be made.

## **Follow These Steps:**

- Complete Fax Cover Sheet.
- You must include documentation of medical bills in question:
  - ✓ Emergency Room Report for emergency room visits
  - ✓ History and Physical for an inpatient stay
  - ✓ Discharge Summary for an inpatient stay
  - ✓ Drs. notes and lab/x-ray reports for physician visits
- Send Fax Cover Sheet with documentation to Ryan.
- Ryan will review the information and e-mail the decision to the worker.
- The eligibility worker decides if the spenddown is cost effective.